

# Questions & Answers (Q&A) about Diphtheria, Tetanus & Pertussis Vaccination

## **Q. Are Diphtheria, Tetanus and Pertussis diseases serious?**

- A. Yes, all three diseases are serious and death can occur in approximately:
- One in fifteen patients with diphtheria
  - One in ten patients with tetanus
  - One in two hundred patients under the age of six months who catch pertussis.

Epidemics of pertussis occur in Australia every three to four years. Adults and adolescents are at particular risk of contracting whooping cough, which can be passed on to babies who are too young to be immunised. In 1996, five babies in NSW died from whooping cough.

It is therefore important that all adolescents are protected against these three serious diseases.

## **Q. What is dTpa vaccine?**

- A. Diphtheria/tetanus/pertussis (whooping cough) vaccine (dTpa) is recommended for adolescents and adults.

The dTpa vaccine contains acellular pertussis components, which means that it causes fewer reactions than the old Triple Antigen or DTP vaccine, which was given to children between 1954 and 1997.

## **Q. What are the vaccine components?**

- A. The vaccine contains aluminium hydroxide, aluminium phosphate, sodium chloride and 2-phenoxyethanol. These ingredients are included in vaccines to either assist the vaccine to work or to act as a preservative.

## **Q. What if my child had a severe reaction to the old Triple Antigen or DTP vaccine as a baby?**

- A. Unless your child had an immediate severe allergic or anaphylactic reaction to the previous vaccine, it is safe for your child to receive dTpa vaccine.

## **Q. Should my child be vaccinated with the new dTpa vaccine?**

- A. The National Health and Medical Research Council (NHMRC) recommends a single dose of diphtheria, tetanus and pertussis vaccine (dTpa) for appropriate protection against pertussis (whooping cough) for adolescents/adults.

Once a booster dose of dTpa has been given, subsequent booster doses should not be given.

## **Q. What is “anaphylaxis”?**

- A. “Anaphylaxis” is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs *rarely* after vaccination.

The nurses are fully trained in the treatment of anaphylaxis.

## **Q. Does the vaccine last for life?**

- A. At this stage, no further doses are recommended.

## **Q. What if my child had a diphtheria/tetanus injection in the last 5 years?**

- A. The vaccine can be given if your child has received a diphtheria/tetanus vaccine within the past 5 years.

## **Q. Is vaccination compulsory for this campaign?**

- A. No. Parents can choose whether or not to sign the consent form and have their child vaccinated. Only those children with a consent form completed and signed by a parent/guardian will be vaccinated.

All parents/guardians are asked to read the information provided and return the *signed* consent form. DO NOT return the consent form if you DO NOT wish your child to be vaccinated.

**Q. What can I do if I do not wish my child to be vaccinated at school or my child missed out on the vaccine at school because of illness/absence on the day of the nurses' visit?**

A. You can take your child to your local doctor to have the injection when he/she is 15 years old. However, you may have to pay for the medical consultation. It is advisable to inform the practice that your child requires diphtheria, tetanus and pertussis (booster) vaccination when making the appointment.

**Q. Will I receive a record of the vaccination that my child received?**

A. Your child will be given a record of vaccination.

It is important that you advise your GP that this vaccination has been given, as universities, colleges, workplaces and other countries often require this information.

**Please store this record in a safe place for future reference.**

**Q. Should I give my child a dose of paracetamol before going to school on the day of the injection?**

A. No. This is not necessary.

**Q. What if my child has asthma and takes cortisone or prednisone by a "puffer"?**

A. It is safe to vaccinate children with dTpa vaccine if they use a "puffer" for asthma.

**Q. Should the vaccine be given to a young woman who is or thinks she may be pregnant?**

A. No. Any young woman who is or thinks she may be pregnant should not be vaccinated.

**Q. Do homoeopathic preparations protect against diphtheria, tetanus and pertussis?**

A. No. There is no evidence that homoeopathic preparations prevent diphtheria, tetanus or pertussis disease.

**Q. Where can I find more information?**

A. The Australian Immunisation Handbook (current edition) provides detailed information about immunisation. It can be found at [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

**Q. Who can I contact if I wish to find out more information?**

**A. Contact your local Public Health Unit:**

**Greater Southern**

(02) 6124 9942 or (02) 6080 8900  
Queanbeyan Office Albury Office

**Greater Western**

(02) 6339 5601 or (02) 6841 5569  
Bathurst Office Dubbo Office

(08) 8080 1499  
Broken Hill Office

**Hunter New England**

(02) 4924 6477 or (02) 6767 8630  
Newcastle Office Tamworth Office

**North Coast**

(02) 6588 2750 or (02) 6620 7500  
Port Macquarie Office Lismore Office

**Northern Sydney & Central Coast**

(02) 9477 9400 or (02) 4349 4845  
Hornsby Office Gosford Office

**South Eastern Sydney & Illawarra**

(02) 9382 8333 or (02) 4221 6700  
Randwick Office Wollongong Office

**Sydney South West**

(02) 9515 9420  
Camperdown Office

**Sydney West**

(02) 9840 3603 or (02) 4734 2022  
Parramatta Office Penrith Office

**Or visit: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)**

## Information about Diphtheria, Tetanus and Pertussis

Diphtheria is a serious disease that causes severe breathing difficulties, heart failure and nerve damage.

Tetanus is a severe, often fatal disease caused by bacterium found in soil. The person suffers severe painful muscle spasms, convulsions and lockjaw. Even with modern intensive care about 1 in 10 people will die.

Pertussis (whooping cough) is a highly infectious bacterial disease that causes bouts of coughing. Adolescents and adults can have an annoying cough for up to 3 months. Severe bouts of coughing can cause vomiting, rib fractures, rupture of small blood vessels and hernias. About 1 in 200 babies aged less than 6 months who get whooping cough from an infected person die from pneumonia or brain damage.

## Side effects of Diphtheria, Tetanus & Pertussis Vaccine

Serious side effects (such as anaphylaxis) are very rare. The most common side effects of the vaccination are pain, redness and swelling at the injection site.

## What to do if reactions do occur

A cold damp cloth on the sore spot may help to relieve pain and tenderness. Paracetamol may be given for pain. Give extra fluids to drink.

If your child suffers a reaction or you are concerned, please contact your local Doctor.

# Consent For Diphtheria, Tetanus and Pertussis (Whooping Cough) Vaccination

## Dear Parent / Guardian,

Teams of specially trained registered nurses will be visiting your child's school to offer Diphtheria, Tetanus and Pertussis vaccine.

A booster dose of Diphtheria, Tetanus and Pertussis vaccine is recommended for all adolescents.

The nurses will check your child on the day of the vaccination clinic. Children who are suffering from an acute illness with a fever will not be vaccinated.

If you have any questions regarding Diphtheria, Tetanus & Pertussis (Whooping Cough) Vaccination or about completing this form please contact your local Public Health Unit (listed in Q&A in the 'Parent Information Kit').

## **INSTRUCTIONS:**

Please complete all sections of this form with a blue/black pen.

Photocopies of this form will not be accepted.

If you wish to have your child vaccinated, complete all sections of this form and return it to the school within one week.

If you **DO NOT** wish to have your child vaccinated **DO NOT** return this form.

# Diphtheria, Tetanus and Pertussis Consent Form

## PARENT / GUARDIAN TO COMPLETE

Child's Surname

Child's Given Names  Date of Birth

Name of School

Grade / Class

I have read and understood the information provided regarding the benefits and the possible side effects of the diphtheria, tetanus and pertussis vaccine and I hereby give consent for my child, named above, to be vaccinated.

### I declare that my son / daughter / ward:

- a) Has not had an anaphylactic reaction following any vaccine
- b) Does not have an anaphylactic sensitivity to any of the diphtheria, tetanus and pertussis vaccine components (listed in Q&A in the 'Parent Information Kit').
- c) Is not pregnant

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

Home Address

Suburb  Postcode

Phone Home  Work

Mobile  Date

### Office Use Only – Nurse to complete and retain this section

Batch Number

Nurse Signature

Left Arm  Right Arm

STAMP

# Diphtheria, Tetanus and Pertussis Record of Vaccination

## PARENT / GUARDIAN TO COMPLETE

Child's Surname

Child's Given Names

Name of School

### Office Use Only

Left Arm

Right Arm

STAMP

Vaccine Batch Number

Nurse Signature

## INSTRUCTIONS:

Please keep this Record of Vaccination as you may be required to provide the information at a later date.

**Advise your GP of the date that this vaccination was given so that your child's records are kept up to date.**